

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Mililani Care Home LLC	CHAPTER 100.1
Address: 95-117 Waiakalani Drive, Mililani, Hawaii 96789	Inspection Date: September 11, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

OCT 23 2020

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b>FINDINGS</b> Primary Care Giver – Zero (0) out of six (6) continuing education hours completed. Please submit certificates with plan of correction.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>yes, I corrected the deficiency after the inspection on September 11, 2020. I completed a minimum of six hours continuing education on line on 10/22/20. A copy of my certificate of completion submitted with my plan of correction and also filed in my binder readily available for department to view</i></p>	<p style="text-align: right;"><i>10/22/20</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 Primary care giver qualifications. (a)(10) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Attend and successfully complete a minimum of six hours of training sessions per year which shall include but not be limited to any combination of the following areas: personal care, infection control, pharmacology, medical and behavioral management of residents, diseases and chronic illnesses, community services and resources. All inservice training and other educational experiences shall be documented and kept current;</p> <p><b><u>FINDINGS</u></b> Primary Care Giver – Zero (0) out of six (6) continuing education hours completed. Please submit certificates with plan of correction.</p>	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will include in my list of required documents with "due date," to complete a minimum of six hours continuing education annually to ensure that my certificate of completion is up to date.</i></p>	<p style="text-align: right;"><i>10/22/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <b>FINDINGS</b> Substitute Care Giver (SCG) #1 and #2 – No annual tuberculosis clearance. Please submit clearances with Plan of Correction (POC).	<p style="text-align: center;"><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Yes, I corrected the deficiency. I obtained a copy of annual tuberculosis clearance for SCG#2. The clearance of SCG#2<sup>is now</sup> signed by a physician and copy is now filed in my William Care home binder.</i></p>	<p style="text-align: right;">12/30/20</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><b>FINDINGS</b> Substitute Care Giver #1 and #2 – No annual tuberculosis clearance. Please submit clearances with Plan of Correction (POC).</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will include the TB clearances with the due date on my list of required documents to ensure that all TB clearances will be renewed on time, filed in William Care home binder and readily available for the department to view</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements, (e)(3)            The substitute care giver who provides coverage for a period less than four hours shall:</p> <p>Be currently certified in first aid;</p> <p><b>FINDINGS</b>            SCG #3 – No documentation of first aid certification available. Please submit certification with POC.</p>	<p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>PART 1</b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) Yes, I corrected the deficiency after the inspector on September 11, 2020 -</p> <p>2) I obtained a copy of SCG #3 CPR + SCG #3 First Aid Certificate. CPR + First Aid Certificates are submitted to my plan of correction and also filed in William's Care Home binder.</p> <p>3) I obtained a copy of SCG #3 First Aid Certification.</p> <p>3) First Aid Certification of SCG #3 Submitted with my plan of correction and also filed in William's Care Home Binder</p>	<p>10/14/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (e)(3) The substitute care giver who provides coverage for a period less than four hours shall:  Be currently certified in first aid;  <u>FINDINGS</u> SCG #3 – No documentation of first aid certification available. Please submit certification with POC.	<p align="center">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>Answer: I will include the CPR &amp; First Aid certificates with the due dates" on my list of required documents to ensure that all CPR &amp; First Aid certifications will be renewed on time.</i></p> <p><i>I will include the First Aid certificates with "due dates" on my list of required documents to ensure that all First Aid certificates will be renewed on time.</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1)</p> <p>The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be currently certified in cardiopulmonary resuscitation;</p> <p><b>FINDINGS</b></p> <p>SCG #3 – No documentation of cardiopulmonary resuscitation certification available. Please submit certification with POC.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) Yes, I corrected the deficiency after the inspection on September 11, 2020</p> <p>2) I obtained a copy of SCG #3 CPR certificate. I submitted a copy of SCG #3 CPR certificate with my Plan of correction &amp; also filed in Milani Care Home Binder.</p>	<p>10/14/20</p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-9 Personnel, staffing and family requirements. (f)(1)            The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:             Be currently certified in cardiopulmonary resuscitation;</p> <p><b><u>FINDINGS</u></b>            SCG #3 – No documentation of cardiopulmonary resuscitation certification available. Please submit certification with POC.</p>	<p style="text-align: center;"><b>PART 2</b>  <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will include the CPR Certification with "due dates" on my list of required documents to ensure that all CPR Certifications will be renewed on time.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.  <b>FINDINGS</b> Resident #1 – Inventory of personal items not maintained.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>1) Yes, I corrected the deficiency after the inspection on September 11, 2020. I updated the inventory of possessions on personal items of Resident #1 the day after the inspection on September 11, 2020</i></p>	<p style="text-align: center;"><i>9/11/20</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.  <b>FINDINGS</b> Resident #1 – Inventory of personal items not maintained.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will include Resident's personal items in my list of required documents with "due date" to ensure that Resident's possessions are updated yearly, <del>de-recorded</del> <sup>crossed</sup> or filed in Mililani Care Home binder &amp; readily available for department to view</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.  <b><u>FINDINGS</u></b> Resident #1 – Medication order for Acetaminophen = “325 mg – 2 tabs orally every 8 hours as needed for pain.” Medication label for Acetaminophen = “325 mg – 2 tabs orally every 4 hours as needed for pain.” Medication order and label do not match.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) Yes. I corrected the deficiency right after the inspection on September 11, 2020. I matched the current medication order for acetaminophen and properly labeled the medication container for acetaminophen. The label is now read as "acetaminophen 325 mg (2 tabs) orally every 8 hours as needed for pain."</p>	<p style="text-align: right;">9/11/20</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> , (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.  <b><u>FINDINGS</u></b> Resident #1 – Medication order for Acetaminophen = “325 mg – 2 tabs orally every 8 hours as needed for pain.” Medication label for Acetaminophen = “325 mg – 2 tabs orally every 4 hours as needed for pain.” Medication order and label do not match.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"> <i>I will change the label of the medication container as soon as medication dosage infrequency has been change to ensure that medication container for acetaminophen matches the current order.</i> </p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #1 – No progress note available for August 2020, and not all monthly progress notes included observations of the resident's response to diet and medications.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (b)(3) During residence, records shall include:  Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;  <b>FINDINGS</b> Resident #1 – No progress note available for August 2020, and not all monthly progress notes included observations of the resident's response to diet and medications.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><u><b>FUTURE PLAN</b></u></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will document resident's progress notes monthly and immediately after an incident occur. I will include into my checklist of required documents to have my Secondary Care given double check my progress notes at the end of the month. I will instruct my secondary care given to put a check mark into my checklist <sup>the notes</sup> once done with double checking to ensure that all notes are checked monthly and as soon as it occurs.</i></p>	<p style="text-align: right;"><i>12/25/20</i></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PRN Acetaminophen ordered, but not listed on medication administration record for January, March, May-June, and August-September 2020.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>, (b)(5) During residence, records shall include:</p> <p>Entries detailing all medications administered or made available;</p> <p><b><u>FINDINGS</u></b> Resident #1 – PRN Acetaminophen ordered, but not listed on medication administration record for January, March, May-June, and August-September 2020.</p>	<p align="center"><b>PART 2</b></p> <p align="center"><b><u>FUTURE PLAN</u></b></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p align="center"><i>I will include the resident's PRN medication into the medication record to ensure that all PRN medications will be documented as soon as it was given.</i></p>	

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment</u> (g)(3)(G) Fire prevention protection.  Type I ARCHs shall be in compliance with, but not limited to, the following provisions:  Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and  Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;  <b>FINDINGS</b> Smoke detector checks not done monthly.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(G) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Smoke detectors shall be provided in accordance with the most current edition of the National Fire Protection Association (NFPA) Standard 101 Life Safety Code, One and</p> <p>Two Family Dwellings. Existing Type I ARCHs may continue to use battery operated individual smoke detector units, however, upon transfer of ownership or primary care giver, such units shall be replaced with an automatic hard wiring UL approved smoke detector system;</p> <p><b>FINDINGS</b></p> <p>Smoke detector checks not done monthly.</p>	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I will include smoke detector into my checklist to check on a monthly basis to ensure compliance of department's policy.</i></p>	

Licensee's/Administrator's Signature:



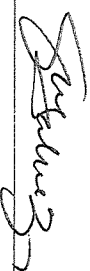
Print Name:

Sonia V Galvez

Date:

10/22/20

Licensee's/Administrator's Signature:



Print Name:

Sonia V Galvez

Date:

11/7/21